

| POSITION                         | INITIALS    | ID NO.            | DATE            |
|----------------------------------|-------------|-------------------|-----------------|
| <b>FEE DETERMINATION</b>         | <i>J.B.</i> | <i>2228105-00</i> |                 |
| <b>O.I.P.E. CLASSIFIER</b>       |             | <i>43</i>         | <i>10/10/50</i> |
| <b>FORMALITY REVIEW</b>          |             | <i>67</i>         |                 |
| <b>RESPONSE FORMALITY REVIEW</b> |             | <i>1000</i>       | <i>11-30</i>    |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date |
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| 3     | ✓    |
| 4     | ✓    |
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If more than 150 claims or 10 actions  
staple additional sheet here

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